

## **Commercial Fundraiser Renewal Registration Check List**

Certain sections of the renewal form are pre-populated with registration information provided by the organization the previous year. Please review the entire form, including the pre-populated sections, to ensure the information is accurate. If any information has changed, please draw a line through the incorrect information and write in the correct information. If the renewal form was sent to you electronically, please **bold** any changes to pre-populated fields to distinguish them from unchanged fields. Each question must be completed and all required attachments must be included with your renewal form.

The items in the checklist below are the most common reasons renewals are rejected. Please use the checklist to prevent any delay in processing your submission.

### **Renewal Form**

- ☐ Please print legibly in ink. Do not staple or bind documents.
- ☐ Ensure each question is answered. If the question does not apply, please mark it as "NA."
- ☐ You must include the acronym "PMB" in the mailing address field if using a Private Mail Box.
- ☐ If mailing address is a PO Box or Private Mail Box (PMB), you must provide a street address in the "street address" field.
- ☐ The fiscal or accounting year beginning date (mm/dd/yyyy) and the fiscal or accounting year ending date (mm/dd/yyyy) that corresponds with the financial information provided in the Solicitation Report.
- ☐ The Solicitation Report (Lines 1-2) must be completed using gross revenue. Financial information must be reported even if the commercial fundraiser does not have custody of the funds.

### **Required Attachments (Please label attachments accordingly)**

- ☐ \$15,000 Commercial Fundraiser Surety Bond. (*ONLY if bond was cancelled or there are changes to report.*)
- ☐ If applicable, a list of other mailing, street, electronic or Internet addresses (excluding those provided in Section 1) used to conduct solicitations in Washington State on behalf of one or more charitable organizations, including those used by subcontractors, if any.
- ☐ If applicable, a list containing the name, address and telephone number for each commercial fundraiser (subcontractor) retained in the conduct of providing fundraising services for the charitable organizations listed in the renewal form and/or its attachments. Include the contract beginning and ending dates for each subcontractor used.
- ☐ Attach the name, title, telephone number, fax number, address and the email address of the individual(s) responsible for the commercial fundraiser's activities in Washington State.

☐ Attach a list of owners and principal officers of the commercial fundraiser. Include each individual's name, title, telephone number, fax number, address, email address, and date of birth. (Date birth is optional.)

☐ If applicable, attach a list of the officers or person accepting responsibility for the organization, if different than owners and principal officers in attachment B. Include the name, title, address, and telephone number for each individual listed. Be sure to clearly label attachment "Officers or Personas Accepting Responsibility."

☐ If applicable, attach the name, title, telephone number, email address, fax number, and address of the person or entity that prepares, reviews or audits the financial information submitted in this Solicitation Report and/or its attachments.

☐ If applicable, a list of states where the commercial fundraiser is registered to solicit contributions, including all names under which the organization is currently registered/has been registered in the past three years.

☐ If applicable, a list containing the name, address, and telephone number of each charitable organization for which the commercial fundraiser conducted solicitations/provided services during the fiscal/accounting year reported in the Solicitation Report. Include those charitable organizations with which the commercial fundraiser contracts directly, as well as those for which it subcontracts.

☐ Sign the application. It must be signed by an owner or officer.

☐ Any additional attachments created by the organization that correspond with questions on the application.

☐ \$175.00 filing fee. Make checks payable to the "State of Washington."

☐ Additional \$20.00 "expedite fee" if priority processing is requested.

☐ Include an additional \$50.00 "Late fee" if documents will be received by the Charities Program after the due date specified on the document. The postmark date is not the received date. Failure to include the late fee will result in processing delays.

Please note that the application and all attachments are subject to public review. Do not provide social security numbers, bank account information, or any other information not requested that you do not wish to make available to the public.

Please contact the Charities Program if you have any questions or require assistance: 1-800-332-4483 (outside the state of Washington call 360-725-0378). Email: [charities@sos.wa.gov](mailto:charities@sos.wa.gov)